FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAY -1 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18819

1. Corporation Name
The Turtle Run Foundation

Principal Place of Business	Mailing Address
700 N.W. 107 Avenue Miami, FL 33172 Attention: TAX DEPT	700 N.W. 107 Avenue Miami, FL 33172 Attention: TAX DEPT.

3. Date Incorporated or Qualified: 1/20/87
3a. Date of Last Report: 5/01/96

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 65-0238952 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Watsky, Morris
700 N.W. 107 Avenue St# 400
Miami, Florida 33172

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Sign above, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P, D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Cox, Mitchell		1.2 NAME	
STREET ADDRESS	8190 West State Road 84		1.3 STREET ADDRESS	
CITY-ST-ZIP	Davie, FL 33324		1.4 CITY-ST-ZIP	000002167970--9
TITLE	V, P, D	☐ DELETE	2.1 TITLE	-05/06/97--01105--001 ☐ Addition
NAME	Seijas, Anthony		2.2 NAME	****61.25 ****61.25
STREET ADDRESS	8190 West State Road 84		2.3 STREET ADDRESS	
CITY-ST-ZIP	Davie, FL 33324		2.4 CITY-ST-ZIP	
TITLE	S, T, D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Greg, Blair		3.2 NAME	
STREET ADDRESS	8190 West State Road 84		3.3 STREET ADDRESS	
CITY-ST-ZIP	Davie, FL 33324		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	5-2-97

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Anthony Seijas 4/29/97 (305) 229-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #